

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Ian Copeman, Chaitanya Kanojia and Martin S. Cosgrove

Application No.: 09/873,944                      Group: 2623

Filed: June 4, 2001                      Examiner: Son P. Huynh

Confirmation No.: 3399

For: TARGETED PROMOTION DEPLOYMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---------------------------------------|------------------|
| TOTAL  | 44  | MINUS | * 49                                  |                  |
| INDEP  | 2   | MINUS | ** 3                                  |                  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                  |

| SMALL ENTITY |               |
|--------------|---------------|
| RATE         | ADDIT.<br>FEE |
| X \$ 25      | \$            |
| X \$105      | \$            |
| + \$185      | \$            |

OR

| OTHER THAN<br>SMALL ENTITY |               |
|----------------------------|---------------|
| RATE                       | ADDIT.<br>FEE |
| X 50                       | \$            |
| X \$210                    | \$            |
| + \$370                    | \$            |

\* not fewer than 20

\*\* not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

**The Application Size Fee has been calculated as shown below:**

*(Effective for cases filed on or after December 8, 2004)*

| Actual Sheets<br>(Including<br>current<br>amendment) | Highest No. of<br>Sheets Paid<br>For<br>(At least 100) | No. of Additional<br>Units Required<br>(Increments of<br>50 sheets) |
|--|--|---|
|  |  |   |

| SMALL ENTITY |                         |
|--------------|-------------------------|
| Rate         | Total<br>Amount<br>Owed |
| X \$130      | \$[ ]                   |

| OTHER THAN<br>SMALL ENTITY |                         |
|----------------------------|-------------------------|
| Rate                       | Total<br>Amount<br>Owed |
| X \$260                    | \$[ ]                   |

|                                    |
|------------------------------------|
| Payment<br>Sufficient for<br>up to |
| [ ] Sheets                         |

### Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.
- ☐ *[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

**Please charge Deposit Account No. 08-0380 for the following fees:**

|                                     |   |                  |
|-------------------------------------|---|------------------|
| <input type="checkbox"/>            | Petition for [    ] month Extension of Time | \$ _____         |
| <input type="checkbox"/>            | Claims Fee                                  | \$ _____         |
| <input type="checkbox"/>            | Application Size Fee                        | \$ _____         |
| <input checked="" type="checkbox"/> | Other Fees:                                 | _____            |
|                                     | Request for Continued Examination           | \$ 810.00        |
|                                     | _____                                       | \$ _____         |
|                                     | _____                                       | \$ _____         |
|                                     | <b>TOTAL:</b>                               | <b>\$ 810.00</b> |

**A check is enclosed in payment of the following fees:**

|                          |   |                 |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | Petition for [    ] month Extension of Time | \$ _____        |
| <input type="checkbox"/> | Claims Fee                                  | \$ _____        |
| <input type="checkbox"/> | Application Size Fee                        | \$ _____        |
| <input type="checkbox"/> | Other Fees:                                 | _____           |
|                          | _____                                       | \$ _____        |
|                          | _____                                       | \$ _____        |
|                          | <b>TOTAL:</b>                               | <b>\$ _____</b> |

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated: July 8, 2008